Introduced by Assembly Member Morrell

February 21, 2014

An act to amend Section 100506 of the Government Code, relating to the California Health Benefit Exchange.

LEGISLATIVE COUNSEL'S DIGEST

AB 2601, as introduced, Morrell. California Health Benefit Exchange: appeals.

Existing law created the California Health Benefit Exchange (Exchange) as an independent public entity in the state government, not affiliated with an agency or department. The Exchange is governed by an executive board consisting of 5 members. Existing law requires the board to establish an appeal process for prospective and current enrollees of the Exchange that complies with all requirements of the federal Patient Protection and Affordable Care Act concerning the role of a state Exchange in facilitating federal appeals of Exchange-related determinations.

This bill would make technical, nonsubstantive changes to these provisions.

Vote: majority. Appropriation: no. Fiscal committee: no. State-mandated local program: no.

The people of the State of California do enact as follows:

- 1 SECTION 1. Section 100506 of the Government Code is
- 2 amended to read:

AB 2601 -2-

100506. (a) The board shall establish an appeals process for prospective and current enrollees of the Exchange that complies with all requirements of the federal act concerning the role of a state Exchange in facilitating federal appeals of Exchange-related determinations. In no event shall the *The* scope of those appeals *shall not* be construed to be broader than the requirements of the federal act *in any event*. Once the federal regulations concerning appeals have been issued in final form by the United States Secretary of Health and Human Services, the board may establish additional requirements related to appeals, provided that the board determines, prior to adoption, that any additional requirement results in no cost to the General Fund and no increase in the charge imposed under subdivision (n) of Section 100503.

(b) The board shall not be required to provide an appeal if the subject of the appeal is within the jurisdiction of the Department of Managed Health Care pursuant to the Knox-Keene Health Care Service Plan Act of 1975 (Chapter 2.2 (commencing with Section 1340) of Division 2 of the Health and Safety Code) and its implementing regulations, or within the jurisdiction of the Department of Insurance pursuant to the Insurance Code and its implementing regulations.